## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13904

## **CERTIFICATE OF DEATH**

13879

				Kagi Dist. 146	-
1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryls	1 6011		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Oakla)	olside corporole limits, wr	ite RURAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street or institution 148 Liberty St.	n oddress)	6. STREET ADDRESS	iberty St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Russell	Middle Herbert	Brown	4. DATE OF DEATH De C	Month December 20	19 60
Male White wood	WED DIVORCED		1905 9. AGE (In r. lost birthd	loy) Months Days	R IF UNDER 24 HRS. Hours Min,
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)  Management	Gas	Oakland,	Maryland	12. CITIZEN (	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	-		
Luther Brown  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	4 COCINI SECURITY NO. 12 1	EL1Za	beth Compt	Address	
[Yes, no. or unknown] [I) yes, give wor or dates of service)	_	ohn Brown	Oakla		land
18. CAUSE OF DEATH [Enter only one coure-per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost.  [c]	Diobeter Fisherel	merelih Hy nor de	Lipperd us noton	GUR LOW,	Syn
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH UT IF EITHER, NOTIFY MEDICAL EXAMINER			NAL DISEASE CONDITION		PERFORMED?
	ESCRIBE HOW INJURY OCCURRE			.)	
Hour e.m. Whi		ACE OF INJURY Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County	) (Stole)
21. I certify that I attended the decedrative on Dec. 19. 19  ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S FIRST NAME (Type) FIRST AND ACTUAL SIGNATURE	/	accurred at be	M, fram the caus ADDRESS (Street, city or to	es and on the do	taw the deceases to the stated above DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) burial 12/22/60	Oakland Cer	r CREMATORY Metery	22d LOCATION (City, to Oakland	Maryl	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'E	BY REGISTRAR 246.	REGISTRAR'S SIGNATU	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I-I and Manual.	DATE DATE		C-71 - 0 L	

may be retain. By the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL VS A15 (4) 15M 10/57

## FOR STATE HEALTH DEPT.

TO DEPUT: MEDICAL EXAMINER: This mertificate should be executed within 24 hours after death. If any does not please execute the certificate, writing the word "pending" in pendil in Item 18. Give Fee 1, 2, and 3 to the function. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Nealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hobys after death.

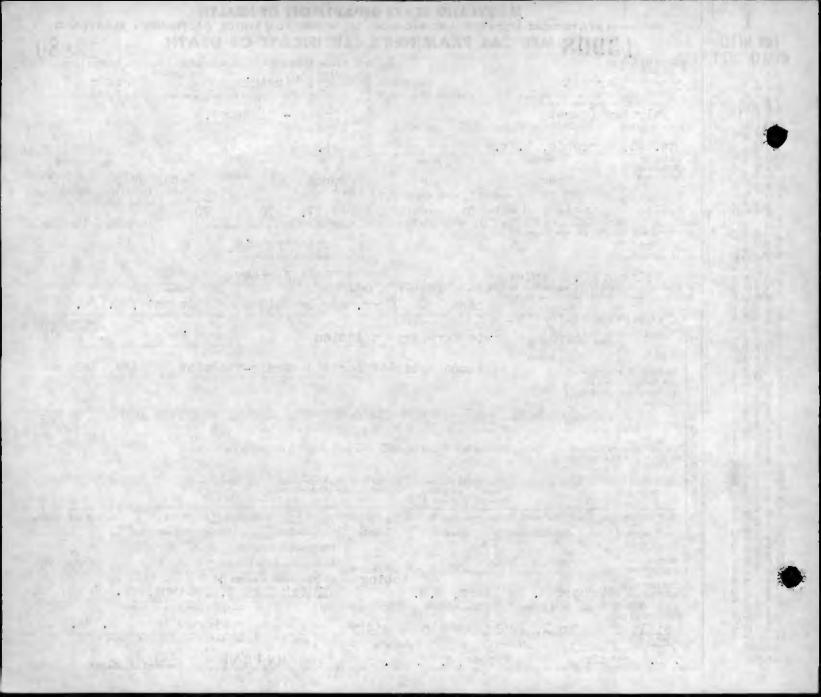
VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13908 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12080

. COUNTY	Garrett		MARYL	I RAID	2. USUAL RE 8. STATE West			caasad lived, If b. COUN				edmission)
	(If outside corporele limits,	c. L	ENGTH OF STAT				K	orate limits, write				wn)
	nd give nearest town) EW (rural)									25	V 2	
	PITAL OR INSTITUTION (if no	t in hospital.	nive street addre	100	d. STREET A		Kingwoo	,,		20	1 0. 15 1	RESIDENCE
**-			give sincer week			44-					QN	A FARM?
	Gormania, W.V	a.			Rt.	#1				harry dr	1	№ □
3. NAME OF DECEASED (Type or print)	Lucy		Hawley		Burke		4. DATE OF DEATH	Dece	mber ]	30 30	19	60
5. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	)   B.	DATE OF BIRTH		9.	AGE (In years				R 24 HRS.
Female		IDOWED KX	DIVORCED	and the same of	pril 17	187	70	90 yrs.	Months 1	Days	Hours	Min,
	A Labor O Co	- Automated			11. BIRTHPLAC			, -	1 12. CITI	ZEN O	F WHAT	COUNTRY
done during most of v	working life, even If rettred)											
Housewife	8				West				1 00	SA		
is. TATTIER S NAME												
	an P. Hawley					a For	rtney					
	EVER IN U.S. ARMED FORCES (Ifyesgivawerordelesofservice)		AL SECURITY NO		VFORMANT			Address			Age.	
		non	ie	Mrs	. Argyle	e Chi	ilds	Gorma	nia, I	N = 1	/a.	
	DEATH [Enlar only one cau	se par line for	(e), (b), and (c)	].]							ERVAL BE	
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute	Coronar	y Occ	lusion					10	SET AND	utes
420.	DUE TO									-		
Conditions, if e		Advanc	ed Arte	rioso	clerotic	Card	dio-vas	cular D	isease	e I	nkno	wn
gave rise to imme	diela ceuse											***
(a), stating the	underlying DUE TO											
cause lest.	) (c)	10 00 mminus	7010 70 0517	101m 01	- Art - Tra Til	F TERLYIN	111 0155 155					
PART II. OTH	HER SIGNIFICANT CONDITION	V2 CONTRIBU	TING TO DEATH	1 BUI NO	I KELATED TO TH	E TEKMIN	IAL DISEASE (	CONDITION GIV	EN IN PART			ORMEDZ-
200. EXTERNAL PRIMARY OF CAUSE OF DEAT	CONTRIBUTING [	DESCRIBE HO	W INJURY OCC	CURED. (Er	ntar nature of Inju	ry In Part	l or Part II of	liem 18.)				
20c. TIME OF IN	JURY Month, Dey, Yeer	20d. INJUR	Y OCCURRED		E OF INJURY (He			or town)	(Cour	nty)		(Stata)
Hour a.m		While of work	Not While	facto	ry, streat, office b	ldg., atc.;						
		1 land		ava hal	d an Autonou		Instruction	Sel la auti			I	- Alder
	that I took charge of the	-			_			Ball-Bred		and	in my o	opinion
death resulted	from: Natural cause	S K	scident	Suicio		micide	_	determined m	anner			
	11 1. 1	1/	10	1/-	and the same of th	EDICAL E	XAMINER _					
ACTUAL SIGNATURE_	Auren "	1840		lez.		NT MEDI	CAL EXAMINI	ER 🔲		D	ATE SI	GNED
EXAMINER'S NAME (Type)	Merbert H. Le	eighton		ctin	DEPUTY		EXAMINER [	ou niklan	d, Md	. 1	ı Jar	61
	TON, 226. DATE THEREOF	22c.	NAME OF CEME	ETERY OR				ION (City, lown			(Ste	
REMOVAL (Speci		61 Pe	thelm Co	omato	2177		Near K	ingwood		W.	Va.	
Burial 23. EUNERAL DIRECT	C Select Control of the Control of t	/	ADDRESE	611000				AR   24b, REG				
175 /3e	army 31	enjuis		VVE								
H. L. Bro	owning/	Kingwo	od. W. 1	Va.	Đ	ATEJAN	1 0 '61	O.	11.0 9	4		



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	MAKTI	LAND	SIAIL DEPAKIM	ENI OF HEALI	H-BAL	IIMORE, I	8			
	13914		CERTIFICA	ATE OF DEAT	Н		Reg. D	ist. No	. 13	3881
1, PLACE OF DEATH g. COUNTY	Garrett		MARYLAND	2. USUAL RESIDENCE (W		lived. If institution b. COUNTY		nce befo		sion)
b. CITY OR TOWN RURAL and give t		ts, write	c. LENGTH OF STAY IN 16	Hutto	outside corpor	ote limits, write R				n)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	jive street	address)	d. STREET ADDRESS						SIDENCE A FARM? NO-
3. NAME OF DECEASED (Type or print)	Martin fir		Middle Francis (	test Carney	4. DATE OF DEATH	Mon 12		20		Year 1960
5. sex Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED TE	8. DATE OF BIRTH 10/27/92		9. AGE (In years lawbirthday) yrs.	IF UNDE Months	Doys	Hours	ER 24 HRS. Min.
during most of wo	rking life, even if retired		kind of Business or Indu	Hutton.	Md.	untry)	12. CI		OF WHAT	COUNTR
13. FATHER'S NAME	ohn A. Car	rney		Bridget		rty				
	ER IN U. S. ARMED FOR (If yes, give wor or dates of a			Informant Miss Mary C	arney	Hutt		Md.	,	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	CI	ne for (a), (b), and (c).)	Occlus	ion	)			ERVAL BE	
Conditions, if a gove rise to couse (a), stating lying couse lost	immediate DUE TO									
PART II. OT			CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PA	RT 1(o)	19. WAS PERFO YES	DRMED?

208. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20e. PLACE OF INJURY [Home, form, 20c. TIME OF INJURY Month. 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while at wark at of work p. m

21. I certify that I attended the deceased from 19(a), that I last saw the deceased M, fram the causes and an the date stated above. alive on and that death accurred ADDRESS (Street, city or town, state DATE SIGNED

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

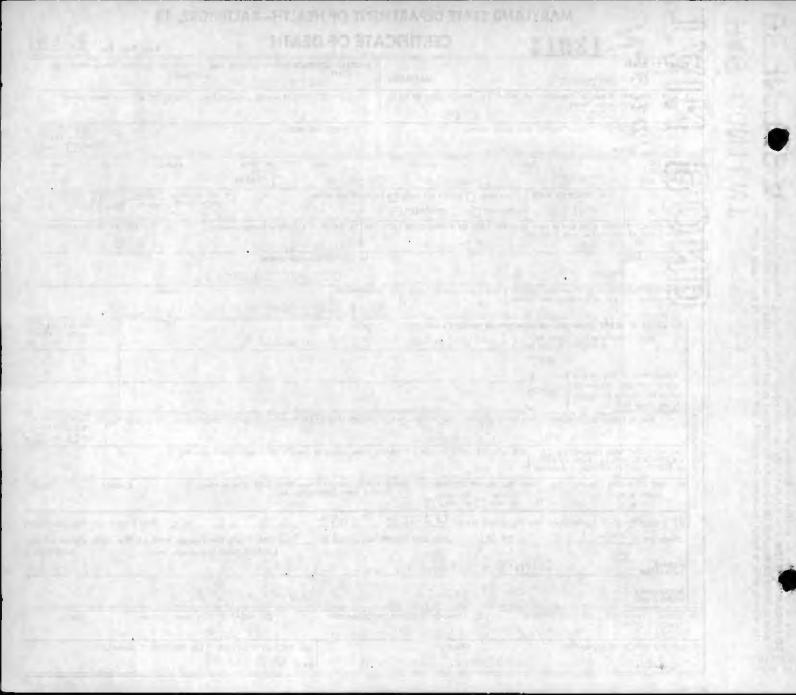
BURIAL, CREMATION, REMOVAL (Specify) buria Oakland Cemeterv 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oakland, Maryland

DATE NEC 2 8 '60

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(Stote)



13915

### CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY Garrett a. STATE Marvland b. COUNTY Garrett MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Lake Ford 36 years Lake Ford d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Route No. 1. Terra Alta, West Va. Route Nol. Terra Alta, W.Va. YES Y NO Middle 4. DATE Year DECEASED Charles Methias Elliott December 17. (Type ar print) 10 60. IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [7 B. DATE OF BIRTH 9. AGE (In years S. SEX last sighday) Months Jan. 2, 1924 Days Male White WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) General Farming Terra Alta, West Virginia U. S. A. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Forman Elliott Isaac Mary Ann Ridenour 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mrs. Mary Jane Elliott, R 1. Terra Alta, W. Va. No 216-24-7732 1B. CAUSE OF DEATH [Enter only one cause per lime for INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO TA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II ar Part III af item 18.) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Slate) factory, street, affice bldg., etc.) Haur a.m. Nat while at wark at work 21. I certify that I attended the deceased from 192 4that I last saw the deceased and that death accurred at 2:10 alive an \_M, fram the causes and on the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL 12/17/60 Terra Alta, West Virginia SIGNATURE Terra Alta, West Virginia. PHYSICIAN'S M.D. Smith. NAME (Type) 22a. BURIAL CREMATION | 22b. DATE THEREOF 22d. LOCATION (City, lawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Dec. 19, 1960 Terra Alta, West Virginia. Terra Alta Cemetery 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR Terra Alta, West Virgin Circling S. Kraus DEC 21 '60

Md. F.D. License A 8305

R. Watson

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

13905

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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13883

1, PLACE OF DEATH		2. USUAL RESIDENCE (WH	ere deceased live	d. If institution	n: Residence befo	ore admission)
o. COUNTY GARRETT	MARYLAND	o. STATE MAR	YLAND	b. COUNTY	GARRET	T
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate	limits, write RU	RAL ond give ne	grest town)
d. NAME OF HOSPITAL (If not in hospital, give street add		d. STREET ADDRESS	TIACLE LE			e. IS RESIDENCE
GARRETT COUNTY MEMORIAL HOS	PITAL					ON A FARM? YES NO NO
3. NAME OF Sirst DECEASED (Type or print) TPDOME	Middle	Last	4. DATE OF	Month		
O E ROPE	BLAKE	EMORY	DEATH	DECEM		19 60 IF UNDER 24 HRS.
MOARRIEL		B. DATE OF BIRTH	y. A		Months Days	Hours Min,
M WIDOWED		SEPT.1,1875		85 yrs.	1	
10a. USUAL OCCUPATION (Give kind of work done 10b. KI) during most of working life, even if retired)	TOP LIFE	TRY 11. BIRTHPLACE (State	or foreign countr	γ)		S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	All Street, T. St. adv. B. T. police B. C.			MARIA
GEORGE N.EMORY		A BT	ATA DDIE	marro		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. IN	FORMANT	MA PLEUI	Addre	SS	
(Yes. no. or unknown) (If yes, give war or dates of service)	4.15		Was no ware			_
In cause of pramities in		SUGHTER - RUTH	EMORN	BITT	3	D
18. CAUSE OF DEATH (Enter only one couse per line of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	2 4 A					SET AND DEATH
1150 DUE TO						
Conditions, if ony, which ) (b)	nter 105den	05:2			7	leans
gove rise to immediate					-	
lying couse lost.						
	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY
NTA						PERFORMED?
PANT II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING 20b. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	. (Enter noture of injury in F	ort I or Port II o	f item 18.)		TO NO.
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 of work of work	RY OCCURRED 20e. PLA Not while foci	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or 1	own)	(County)	(Stote)
		ma /0 /	1	2/27/	60	
21. I certify that (I) (this haspital) attended			app. 1 o		_, 19 00, #	nat (I) (we) last
saw the deceased alive an 12/21/	1900 , and that de	eath accurred at 7:1	M, from the	causes and	an the date	
	ten . A	ATTENDING ME	D S	TAFF HYS.	. 1	226. DATE SIGNED
22c PHYSIOIAN'S	The A	A.D. PHYS. DII	RECTOR P	HYS.	12-	21-60
NAME (Type) JAMES H. FEASTE	R.JRM.D.			200	-	
	1100	0.	A KIA ND	M	RYLAND	
230. BURIAL, CREMATION, 23b. DATE THEREOF 2 BEMOVAL (Specify) 12/31/60	BITTINGER	CREMATORY	23d. LOCATION	City, town of	county)	-Com
24. FUNTERAL DIRECTOR'S SIGNATURE	ADDRESS	250. RELTH	NIBY REGISTRAR	25b. REGIST	RAR'S SIGNATU	RE
How Mewman (OR	ANTSUILL	E MD DATE	N 3 '61	Chi	hur S. thras	A.A.
		)		- Const	was 3. 70-	i h

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 13916 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Garrett Maryland. b. COUNTY rett MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland Oakland. NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE Dennett Road. ON A FARM? Dennett Road YES NO T NAME OF Middle 4. DATE Month Year DECEASED Daisy May Lohr 25 DEATH December 1960 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 19st birthday) Months Female White WIDOWED IX DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOUSE WORK even if ratired) Own Home Maryland U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John G. Breuninger Mary Gortner 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO Address Jefferson Lohr Oakland. no Md. IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 AWAS AUTOPS PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while at work at work 21 I certify that (1) (this haspital) attended the deceased from. 3/1 1256 . ta 12/25/ \_\_\_, 19\_\_60 that (I) (we) lost \_\_\_\_19\_60, and that death occurred 10:05 Aram the causes and an the date stated above saw the deceased olive on 12 22o SIGNATURE SIGNED MD DIRECTOR 22c PHYSICIAN'S NAME (Type) Oakland, Maryland. Andrew E. Mance, M. D. 23c. NAME OF CEMPTERY OR CREMATORY 230. BURIAL CREMATION. 23d. LOCATION (City, town, or county) Red House Cemetery County, Garrett Md .

24 FUNERAL DIRECTOR'S SIGNATURE

Oakland, Md.

250. REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13	1906	.010 01 3	CERTIFI	CAT	E OF D	EATH		ANTERIO		1328	97
1. PLACE OF DEATH o. COUNTY	Garrett		MARYL			DENCE (Who	ere deceased	lived. If institution b. COUNTY	Gra		ission)
L CITY OR TOWN (I	f outside corporate limi earest town)	its, write	c LENGTH OF STAY II	ИЪ		TOWN (IF o		te limits, write RI	URAL and gi	ve nearest tax	wn)
d. NAME OF HOSPIT OF INSTITUTION CUPPER	Nursing He	ive street a	ddress)		d. STREET A	DDRESS		9	51	UN ON	A FARM?
3 NAME OF DECEASED (Type or print)	J⊕h		Middle W11	liam	los Maj		4. DATE OF DEATH	Man I2		5 Day	Year 1960.
Male.	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED  DIVORCED		DATE OF BIRT	н 70.	9	. AGE (In years last birthday) 90 yrs.		YEAR IF UNI	
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	dane 10b k	IND OF BUSINESS OR	INDUSTR			or foreign cou		U.S	A.	COUNTRY
13. FATHER'S NAME Phillip	May.				14. MOTHER'S		AAME D <b>onald</b> .				
15 WAS DECEASED EVE [Yes, no, or unknown)	R IN U.S. ARMED FOR (If yes, give wor or dates of t		OCIAL SECURITY NO		RMANT . Will:	iam C.	Mav.	Addi Barra		e. W.V	
450 Conditions, if o gove rise to i couse (o), stating lying cause lost.	mmediate DUE TO	)	ONTRIBUTING TO DEA	(2) (2) (3) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART	1(a) 19 WA:	S AUTOPSY
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OC	CURRED	(Enter noture o	of injury on f	Part I or Part	II of item 18 )			] ио []
20c TIME OF INJUR Haur o. m. p. m.	RY Month, Day, Ye	or 20d IN While at work	Not while		E OF INJURY I			or town)	{Cc	ounly)	{State
saw the decear	JSourn NAMES	15/6	19, and 1 AUN 2-MD	M.	ATTENDIN PHYS  22d ADDR	G ME	M, from I	he causes an	d on the	12/2°	ed abave
23g BURIAL, CREMATIC	12/7/50.		Maysville				Maysv	ON (City, town, o	Va.		iote)
24. FUNERAL DIRECTOR	s signature fray,	Le .	Petersbur	rg, W	.Va.		D BY REGISTR		STRAR'S SIGI		



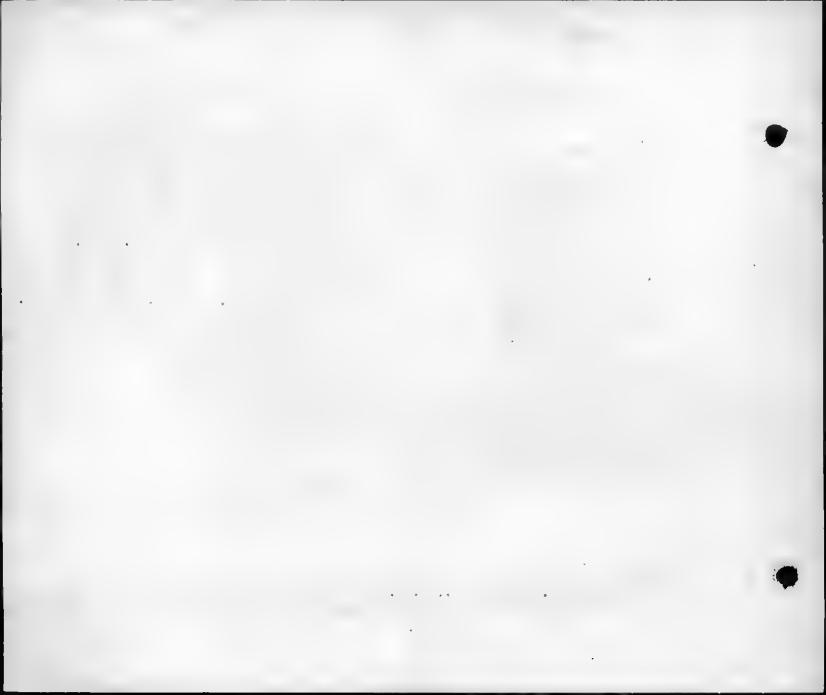
TO HOSPITAL

VR A15 [4] 15M ≣/59

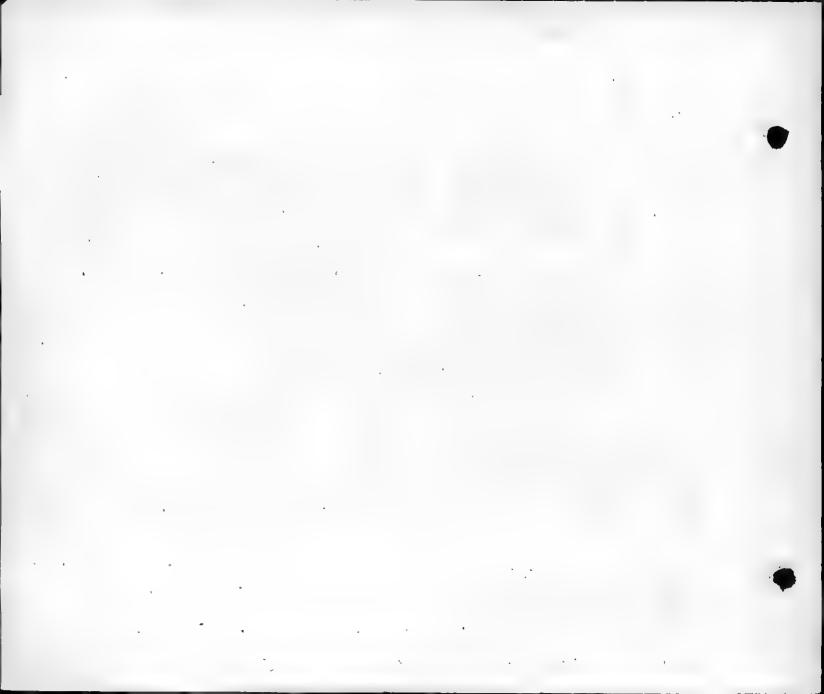
# MARYLAND STATE DEPARTMENT OF HEALTH 13907 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13886

1	PLACE OF DEATH					į	2. USUAL RESIL	DENCE (Wh	ere deceose	d lived If instituti		nce befo	re admiss	i(on)
1		rrett			MARYLA	NO	Larv	land_		8. COUNTY	Garre	tt		
	RURAL and give no	4 50 7	ts, write	_	GTH OF STAY IN	1Ь	X			orote limits, write l	RURAL and	give ne	arest towr	1)
$\vdash$		AKLAND  AL (If not in hospital, g			Days		d STREET A	<u>ailler</u>	7				e. IS RES	IDENCE
糖	OR INSTITUTION	we in not in nospilor, §	JIVE AITOC	Quality;			SIRCE! A	DDKESS				Í	ON A	FARM?
-		<u>ıntır Memori</u>	al Ho	ospi	tal		Star	Route					YES [_	NO []
3.	NAME OF DECEASED	Fu	s)		Middle		Las		4. DATE OF	Moi	nth	Do	Эу	Year
-	(Type or print)		nnie		Ethe		McRo		DEATH	Decem		4		1960
5	SEX	6. COLOR OR RACE	7. MARE	RIED 🄼 I	NEVER MARRIED		B DATE OF BIRTS			9 AGE (in years last birthday)	Months .		Hours	Min.
	Fema le	White	WIDOW	ED 🗍	DIVORCED [		March 23	3,1900	)	60 yrs.		Days	nours	win.
100	during most of work	ON (Give kind of work ting life, even if retired	dane 10b.	KIND O	F BUSINESS OR	INDU:	TRY 11, BIRTHPL	ACE (State	or foreign c	auntry)	12 CI	TIZEN O	FWHATO	OUNTRY?
	Housewife	*	<b>'</b>				Mary	land			U.	S.	A.	
13.	FATHER'S NAME						14. MOTHER'S		IAME					
	True, Lee						Thomas	s. dar	TV					
15		R IN U.S. ARMED FOR	CE52 14	SOCIAL	SECURITY NO	17 IN	FORMANT	9		Arlo	Ires Sta	r R	oute	
	i. no, or unknown)	(If yes, give war or dates of i	ervice]	BUGINE	Seconity Ito.			: W177	liam T	. McRobi				. Md
=	T						110000000000000000000000000000000000000	1						
		TH [Enter only and co	use per li	ne far (o	), (b), and (c)			_				ON	ERVAL 8E SET AND	DEATH
	PART I. DEA	TH WAS CAUSED BY: JMMEDIATE CAUSE (c	AUR	1641	AL SIL	91.	1124.00	2	- H	-16			3 4/	7-2
	e (	N. Ph	nd.n			م ــ	a sort	<i>r</i> ~						
	Conditions, if o				210001000	ر س م	5 E	- Hy	pent	ENDION			tema	٠
	gove rise to in	DITE TO												
	cause (a), stating ying cause lost.	The Under-	101	113	chas	ファ	rell. for					-	4 yes	ans
Z	PART H OTH	IER SIGNIFICANT CON	1	CONTRIB	UTING TO DEATH	H BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	19. WAS	AUTOPSY
CATION		0	BE	5.4	_									RMED?
	20a ACCIDENT WA				7 OW INJURY OCC	TIRRE	) (Foter outure o	f minry in f	Port Lor Par	rt II of item 181			, 23 [	70 12
CERTIF	OR CONTRIBUTING	CAUSE OF DEATH		CRIDE TI	011 1100K1 OCC	.OKKE	, (211101 110101 0		211 1 41 1 41					
			1001			D. 194	CE OF INTERV	u	l oor ver					(5) ( )
MEDICAL	Hour a m	Y Month, Doy, Ye	or 20d I		OCCURRED 20 at while	Foo	ACE OF INJURY ( story, street, office	nome, morm bldg., etc.	, , 20%, (CII) .) [	y or tawn)		(Caunty)		(Stote)
×	p. m.	19	ot war		work 🔲				į					
	21 I certify tha	it (I) (this hospita	) attend	ded the	deceased fr	om	April	12:	58 ta	12 4	19_	66, 11	nat (I) (	we) last
		sed alive an							-					
	22a. SGNATURE	~~		(	)	iui c	ledili dicorret	3 (31 /2 - /2 )	yrt, ir dill	ine cooses di	10 011 11	ic dan		b. DATE
	1/2 -	-11	. 7	)	Kans		ATTENDIN	G MI	ED.	STAFF PHYS				SIGNED
	220 PHYSICIAN'S		-			-	27d ADDRI	Charles, C.	KECTOR C	rnts L				
	NAME (Type)	James H . F	'anet	on T	r., K. B	}			Mary	rland				
		Janes II • I	6450			• ,		Y JUCKELLON 9	TICALLY					
230	8URIAL, CREMATIO REMOVAT (Specify)	N, 236 DATE THERE	)F	23c N	MAME OF CEMETE	ERY O	R CREMATORY		23d LOCA	TION (City, town,	or county)		(Stat	le)
6.	BUSIA	12-7-	60	17	531 CC	6	ニシュニナモ	14.	1611	14 CX		13	- W	
24	FUNERAL DIRECTOR	S SIGNATURE	1	Al	DDRESS				D BY REGIS		ISTRAR'S S			
	11 1/2 1/40	The second	in the	An		order and and	. s. y	DATE DE	C 1 2 '	60 0	iling 1	P. Hom	ALL.	
	11-12-1	1 1 mm - m Cl	Jan	/		and July	- 1 . 1 .							



	MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	13917 CERTIFICATE OF DEATH Reg. Dist. No. 13887
	1. PLACE OF DEATH) a. COUNTY a. COUNTY b. COUNTY b. COUNTY
r A	GARRETT MARYLAND GARRETT MARYLAND 6. COUNTY GARRETT
A1	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
/	HCCIDENT KURAL LIFE KURAL ITCCIDENT
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  e. IS RESIDENCE ON A FARM?
meri s	YES NO INC
3	3. NAME OF DECEASED (Type of print) SILS F. First FIND A DECEASED (Type of print) SILS F. F. FIRST FIRST FOR THE PRINT OF
	THE PROPERTY OF THE PARTY OF TH
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths Days Hours Min.
	FEMALE WHITE WIDOWED DIVORCED APR. 18 1887 71 yrs.
,	10o. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHATCOUNTRY?
	HOUSEWIFE OWN HOME SITTINGER, IND M. J. 14
	A Total Day
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT. Address
	Yes, no, or unknown) [If yes, give war or dates of service]
	1B. CAUSE OF DEATH [Enter anly ane couse per line for (a), (b), and (c).]
	PART! DEATH WAS CAUSED BY COLOR OF THE COLOR
	IMMEDIATE CAUSE (0) CHIONIC Drain Syndrome L year
	conditions, if any, which Cerebrovascular accident
	gove rise to immediate
	cause (a), stating the under   Cerbral arteriosclerosis 5 ye ar
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?
٥	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED?  YES   NO
	206 ACCIDENT WAS UNDERLYING  206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part ) or Part II of item 18 ) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Manth. Doy, Year 20d INJURY OCCURRED While Not while of wark of at work of at work of at work of at work of wark of work of
	21. I certify that I attended the deceased from Oct. 15, 1960, ta Dec. 4, 1960 that I last saw the deceased
	alive on Nov. 30 , 19 60 , and that death accurred at 1.30 P.M., from the causes and an the date stated above.
- /	ACTUAL T. P
	SIGNATURE T. Parge Strong M.D. Grantsville, Md. Dec. 5,1
	PHYSICIAN'S A. Paige Strong Grantsville, Md.
	Islamic (type)
	REMOVAL (Specify)
	23 FUNERAL DIRECTOR'S, SIGNATURE ADDRESSA ADDRES
	Afres Howard Stantavelle Mix DATE DEC 9 '60 Cilling & Thanks
	The state of the s

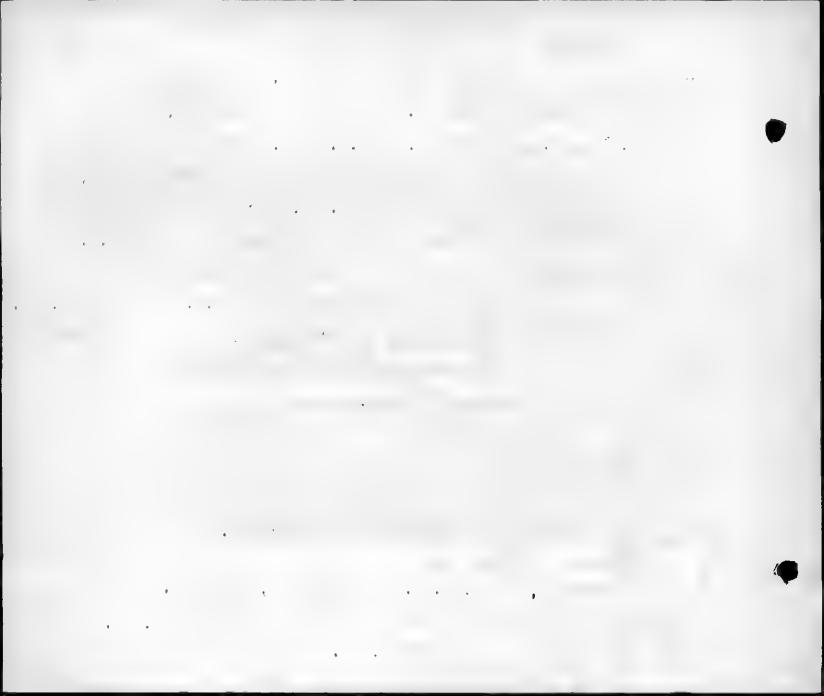


VR A18 (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	1	3900	ION OF SI	CERTIF	ICAT	OF DI		TURE I, MI	AKTLAND	13	888
1 1	1. PLACE OF DEATH 0 COUNTY Garre			MARY		STATE Maryl		re deceased li	ived. If institution b. COUNTY	n: Residence be	fore admission)
/	RURAL and give	(If pulside carporate limit nearest town)		50 yrs.	IN 1b	c CITY OR T			rille.	URAL and give n	earest tawn)
,	d. NAME OF HOSE OR INSTITUTION	5 mi S. F				d. STREET A		South	1	1	B IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Steph	si	Middle Andre		odehea		4. DATE OF DEATH	Mon		Day Year 1960
	s sex Male	6. COLOR OR RACE	7	DIVORCE		pt. 1		386	AGE (In years last birthday) 74 yrs.	IF JNDER 1 YEA	AR FUNDER 24 HRS
	10g USUAL OCCUPAT during most of we Retired  13. FATHER'S NAME	ION (Give kind of work orking life, even if retired Farmer	dane 10b KI OWI	nd of Business of Farm			Virg	ginia	ntry)	U.S.	A .
		on Rodehea	ver			Sara	h Jar				
	(Yits, no. or unknown)	/ER IN U. S. ARMED FOR (If yes, give war or dates of s		OCIAL SECURITY NO		n Rod	ehear	ver F	Addr R.D. Fr	·iendsv	ville, M
	Conditions, if gave rise to cause (a), statin lying cause las	immediate DUE TO	Ri	CALMAL ALMALL HERBUTING TO DE	Tole	Cherry Cherry OT RELATED TO	LIGE  LES  THE TERMIN	5	CONDITION GIV	EN IN PART 1(0)	IS WAS AUTOPS! PERFORMED? YES NO
		VAS UNDERLYING [] IG [] CAUSE OF DEATH TY MEDICAL EXAMINER)  JRY Manth, Day, Ye		URY OCCURRED	,	Enler nature of				(Count	y) (State
	Y 20c. TIME OF INJU	10	While al wark	Nat while		y, street, affice			1 tower	(Coom	y) (Sidie
	21 I certify the saw the dece	nat (I) (this hospita ased alive an Na	attende	d the deceased 19 <u>60</u> and	fram_5	th accurred					that (I) (we) laste stated above
	22c, PHYSICIAN'S NAME (Type)		Mano	e, M. D.	, M:	22d. ADDRE	DIR	ECTOR 📙	yland.	/	Specie
	23g BURIAL, CREMAT		960	23c. NAME OF CEM	etery or c	REMATORY Metery	_		McHenr		(State)
	24. FUNERAL DIRECTO	RIS SIGNATURE	u	ADDRESS Oakl	and,	Md.		BY REGISTRA		STRAR'S SIGNAT	



TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed we have been secured the bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

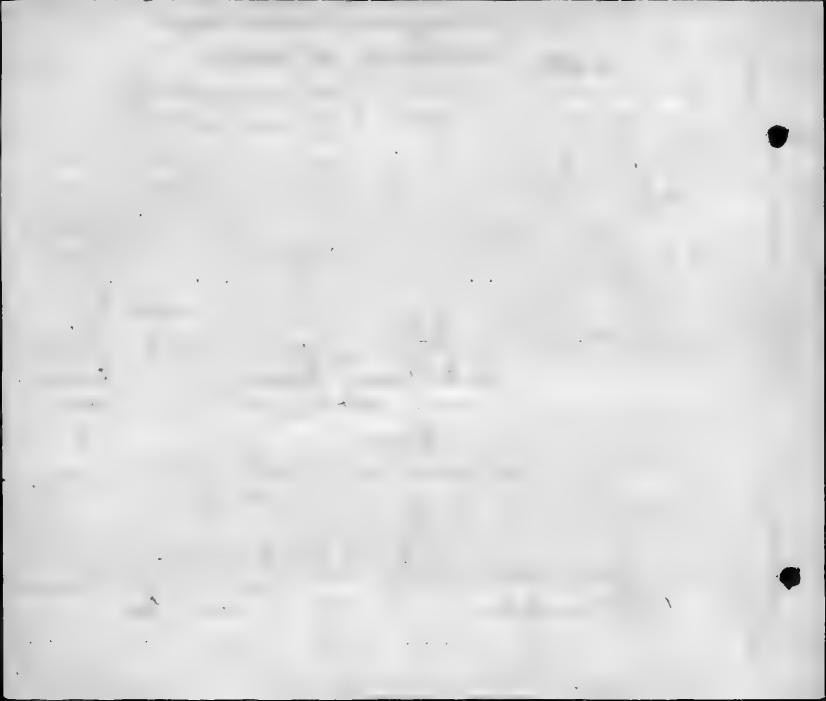
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 13910 CERTIFICATE OF DEATH

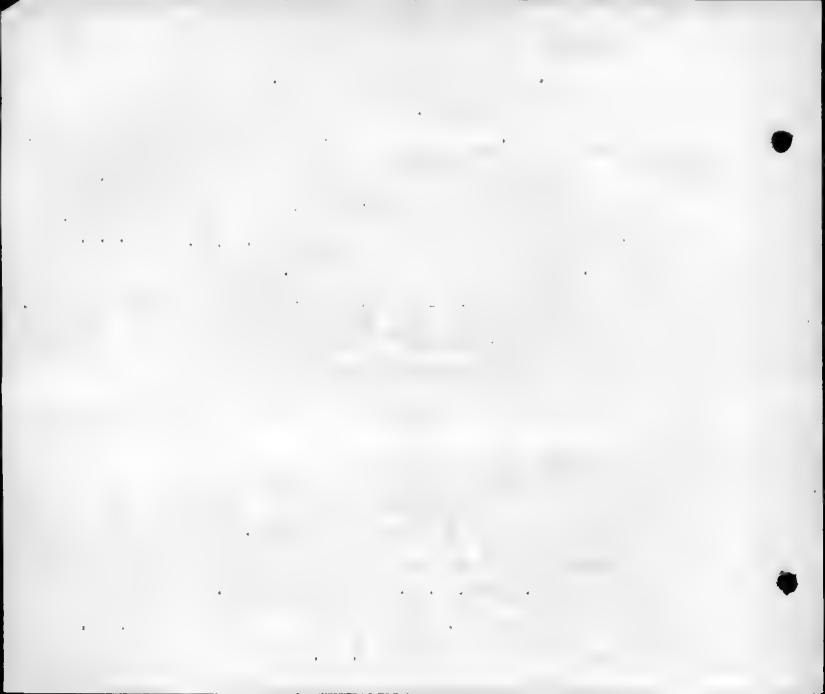
Reg. Dist. No..... 3.883

1. PLACE OF DEATH	2. USUAL RESIDENCE (H	OME) OF DECEASED	
COUNTY Garrett MARYLAND	state Maryland	COUNTY Garre	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (It outside corporate limits	s, write RURAL and give nearest to	own)
Town Kitzmiller 20Yrs.	TOWN Kitzmille	r	
HOSPITAL OR	STREET ADDRESS	(M rural give location)	
INSTITUTION OR STREET ADDRESS Center Street	Center	Street	
3. NAME OF (First) (Middle)	(Last) 4.	DATE (Month) (De	y) (Yeer)
(Type or Print) Albert Stephen Sha	fer	DEATH Dec. 22	2, 1960
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE C		lest birthdey   IF UNDER 1 YE	
Male White Specify Married Apri	2,1904 56	6 yes. Months De	ys Hours Min.
10. HSUAL OCCUPATION (Give hind of work   10h KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country	[ry] [ 12, C	TIZEN OF WHAT
done during most of working life, even IfOR INDUSTRY		C	DUNTRY?
Ottodian V.F.7. Club	Elk Garden, W. V	va. lu.x	5.A.
1 1) 1111111111111111111111111111111111		e Barrick	
Benjamin Arthur Shaffer  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Elsie Lyrtle		Md.
ing train action and the second and			
	\$14 - 1	n Snaiter, Kit	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION		ONSET AND DEATH
4 1 JAMMEDIATE CAUSE (A) Ocute Comme	y Hombres		lealonand
ANTECEDENT CAUSE(S) DUE TO	027		6 m
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DISEASES	a series		<del>*************************************</del>
STATING UNDERLYING CAUSE LAST. DUE TO	_		2 7/2s.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
The state of the s	Ic. WHERE DID INJURY OCCUR? (City		YES NO (Stele)
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIE. WHERE DID INJORT OCCOR? (CITY	or lown) (County)	(Siele)
21d. TIME OF PRIJURY (Month) (Dey) (Yeer) [Hour] 21e. INJURY OCCURED While Not white	211. HOW DID INJURY OCCUR?		
M. at work et work	- 0		
22. I hereby certify that I attended the deceased from.	, 1958, 10 Dec. 2	2-2-19 G.O., that I last	saw the deceased
alive on Decolo 19 60 and that death occurred a		and on the date stated a	bove.
SIGNATURE	ADDRESS	(Street, city, Iown, stele)	DATE SIGNED
helph Calaudella M.D.	Kitzmiller, 1d.	ATION (City, town, or county)	24-60
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF		ATION (City, town, or county)	(State)
Burial   12/24/60   I.O.O.F. C	emetery Elk	Garden, Line	ralco.W.Va
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATI	URE ADD	
DATE DEC 2 8 60 Oction 8. Knows	Winy M. Lina	ibliso Ble	aine, " ya.



VR A1S (4) 1SM 9/59

		YLAND STATE D	ND RECORDS — BALTI/							
	13911	CERTIFICA	TE OF DEATH		13890_					
	1. PLACE OF DEATH  G COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Who STATE Maryland.	ere deceased lived If institution. b. COUNTY Garre	Residence before admission)					
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RURA	L and give nearest town)					
	Kitzmiller	10 yrs.	XKitzmille	r						
	d NAME OF HOSPITAL (if not in hospital, give street of OR INSTITUTION WILLOW St.	ddress)	d STREET ADDRESSWillo	w Street	e. Is residence on a farm? Yes \( \text{NO} \)					
	3. NAME OF DECEASED (Type or print) Robert	Marrison Si	harpless	4. DATE Month OF DEATH December	Day Year Pr 18. 1960					
	S SEX 6 COLOR OR RACE 7. MARRI	ED MEVER MARRIED	B DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS					
	Male White WIDOWE	DIVORCED	April 30, 1	890 70 yrs	onths Days Haurs Min.					
	Laborer, Coal mines an	and of Business or Indus	N:	or fareign country)	12 CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME	ļ <u>-</u>	14 MOTHER'S MAIDEN N							
	Benjamin A. Sharpless		Nilen F.	Paugh						
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 S 1 Yes. no. or unknown (If yes, give wor or doles of service)	20-10-104 0 17 IN	FORMANT  B. Robert S	harpless Ki	tzmiller. Md.					
	18. CAUSE OF DEATH [Enter only ane cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY   Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY									
	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	Enter nature of injury in P	ort I or Port (I of stem 18.)	PERFORMED? YES NO					
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m. While at work	Nat while foc	CE OF INJURY (Home, farm, tory, street, affice bldg., etc.	20f. (City or tawn)	(County) (Stote)					
	21 1 certify that (1) (this haspital) attended saw the deceased alive an 12/10/220 SIGNATURE  220 SIGNATURE  220 PHYSIC AN'S NAME (Type) Andrew E. Man	19_60, and that d	eath accurred of 4	MA to 12/18/ MA from the causes and control Phys   d, Md.	1960, that (I) (we) last on the date stated abave. 22b DATE SIGNED					
)	230 BURIAL CREMATION, 23b DATE THEREOF 12/21/1960	23c NAME OF CEMETERY OF Mt. Zion Co		23d LOCATION (City, fown, or co						
2	Mildred Sharpless	ADDRESS Blaine,	W. Va. DATE DEC	97160	AR'S SIGNATURE					



MARYLAND STATE DEPARTMENT OF HEALTH

a familiar to the state of the talfingsti fatte of the SERVICE THE TANK At all the sample date a Money Timies, M. Jonata Interest Courteless to Describe 19, 80 to the state of the (本) を記さばる (本) まずます traduction have sta , a. St. Time County Charles Lande altrait Charles T. Jones Legal Light Co. of sales at - CELLY - CONTROL OF THE CONTROL OF · With the state of the state o -VI-----THE REPORT OF THE PARTY OF THE parter use the chemical to be the common to the compart of the Wildered Shirelens and Hadden .. Ja.

VR A1E (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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7	3	X	y	1	

-		<b>4</b> 21(11111)		130	36
1.	PLACE OF DEATH O. COUNTYGarrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, Maryland.	f institution: Residence before o	odmission)
-	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown) Ural Deer Park,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit: Rural Deer Park,	, write RURAL and give neares	t town)
	d. NAME OF HOSPITAL (If not in hospital, give street 6°MI. South Deer Par	rk, Md.	d. STREET ADDRESS		IS RESIDENCE ON A FARM? ES NO
	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)	May Sh	aillingburg death De	cember 5,	Year 19 60
5.	70 a wa 7 a 1802 4 4 a	THE PARTY OF THE P	DATE OF BIRTH 9. AGE 1911	49 1 1	UNDER 24 HRS. lours Min.
100	. USUAL OCCUPATION (Give kind of work done lidering most of working life, even if refired)	Own Home	TRY 11. BIRTHPLACE (State or foreign country)  Maryland.	U.S.A.	HAT COUNTRY?
)3.	John George Riley		14. MOTHER'S MAIDEN NAME Ellen Biggs		
15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		ormant . Boyd Steyer, R.D.	Deer Park,	Md.
	IB. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under lying couse lost.  (c)	fline for (o), (b), and (c).]	Schroses		AL BETWEEN AND DEATH
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 1 20b. D OR CONTRIBUTING 1 CAUSE OF DEATH		NOT RELATED TO THE TERMINAL DISEASE COND!	Y	WAS AUTOPSY PERFORMED? ES NO
MEDICAL CI	Hour o.m. Wh	E-st-	CE OF INJURY (Home, form, 20f, (City or town) ory, street, office bldg., atc.)	(County)	(Stote)
	21. I certify that (I) (this hospital) atters as the deceosed olive an 12/220. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Andrew E. Mi	19 60 and that de	9.301	uses and an the dote st $\Box$ 12/6/60	
230	Burial, Cremation, 23b. Date thereof 12/7/1960	23c. NAME OF CEMETERY OR White Church			(Stote)
24.	tulerad director's signature for	ADDRESS Oakland		56. REGISTRAR'S SIGNATURE	

